

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name \_\_\_\_\_ Sex: M ☐ F ☐ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Race/Ethnicity: ☐ White, not Hispanic ☐ Hispanic ☐ Black ☐ Other: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
<b>POLIO (OPV or IPV)</b>					
<b>DTP/DTaP/DT/Td</b> (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)					
<b>MMR</b> (Measles, mumps, and rubella)					
<b>HIB</b> (Required only for child care and preschool)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Chickenpox)					
<b>HEPATITIS A</b> (Not required)					

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
<input type="checkbox"/> PPD-Mantoux					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: _____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
<input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> PPD-Mantoux					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department.

## I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Record Presented was:

- ☐ Yellow California Immunization Record  
☐ Out-of-state school record  
☐ Other immunization record

Specify: \_\_\_\_\_

## II. STATUS OF REQUIREMENTS

- ☐ A. All Requirements are met.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- ☐ C. Medical Reasons—Permanent  
☐ D. Medical Reasons—Temporary  
☐ E. Personal Beliefs

## III. 7th GRADE ENTRY

- ☐ A. All Requirements are met.

Name \_\_\_\_\_ Date \_\_\_\_\_

- ☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Name \_\_\_\_\_ Date \_\_\_\_\_